

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Concerned American Voters

ADDRESS (number and street)

107 South West Street

PMB 813

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00525899

3. IS THIS  
REPORT☐ NEW  
(N)

OR

☒ AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2016

01

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edward King

Signature of Treasurer

Edward King

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

02

25

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Concerned American Voters

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="2496279.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2496279.06"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="50005.00"/>	<input type="text" value="50005.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2546284.06"/>	<input type="text" value="2546284.06"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="805439.05"/>	<input type="text" value="805439.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="1740845.01"/>	<input type="text" value="1740845.01"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="824.19"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Concerned American Voters**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	6

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

0.00

0.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

50005.00

50005.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

50005.00

50005.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

50005.00

50005.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	740543.74	740543.74
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	711.84	711.84
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	64183.47	64183.47
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	805439.05	805439.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	805439.05	805439.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XA

Transaction ID :

This Committee amends the February Monthly Report (01/01/16-01/31/16) by adding the Calendar Year-To-Date Per Election for Office Sought aggregates for the Schedule E Independent Expenditures. This Committee has recently switched to a new filing platform that did not total the aggregates and thus they were inadvertently excluded.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 29

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. JEFF YASS

Mailing Address

401 E. CITY AVENUE SUITE 220

City

BALA CYNWYD

State

PA

Zip Code

19004-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Transaction ID : SA11.120439

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50000.00

50000.00

	21b		22		23		24		25	<b>X</b>	26
	27		28a		28b		28c		29		30b

## Concerned American Voters

### A. Eric Armetta

Mailing Address 930 SPENCER AVE

City	State	Zip Code
Clearwater	FL	33756

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

The image shows three 3x3 grids, each representing a number using the letters M, D, and Y. The first grid shows '01' with 'M' in the top-left and top-right positions. The second grid shows '11' with 'D' in the top-left and top-right positions. The third grid shows '2016' with 'Y' in the top-left, top-right, middle-right, and bottom-right positions.

Transaction ID : SB26101

Amount of Each Disbursement this Period

711.84

☐ Memo Item  
Loan repayment

Full Name (Last, First, Middle Initial)

### B. Downtown Grand Hotel

Mailing Address 206 N 3rd St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="text"/>	House
	<input type="text"/>	Senate
	<input type="text"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB26111

Amount of Each Disbursement this Period

461.50

 Memo Item

Full Name (Last, First, Middle Initial)

### C. Downtown Grand Hotel

Mailing Address 206 N 3rd St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement	Lodging

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB26111\_B

Amount of Each Disbursement this Period

67.02

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

711.84



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. The Plaza Hotel**

Mailing Address 1 Main St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2015

**Transaction ID : SB26222**

Amount of Each Disbursement this Period

138.32
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Plaza Hotel**

Mailing Address 1 Main St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2015

**Transaction ID : SB26222\_B**

Amount of Each Disbursement this Period

45.00
-------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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711.84
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. ERIC ARMETTA**

Mailing Address 930 SPENCER AVE

City	State	Zip Code
CLEARWATER	FL	33756

Purpose of Disbursement	<input type="text"/>
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES	

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

**Transaction ID : SB29.I78631**

Amount of Each Disbursement this Period

1159.32
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Four Queens Hotel**

Mailing Address 202 Fremont St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement	<input type="text"/>
Lodging	

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

**Transaction ID : SB29555**

Amount of Each Disbursement this Period

232.96
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. La Quinta Inn**

Mailing Address 4288 N Nellis Blvd

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement	<input type="text"/>
Lodging	

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2016

**Transaction ID : SB29444**

Amount of Each Disbursement this Period

206.08
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☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1159.32
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. The D Hotel**

Mailing Address 301 Fremont St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2016

**Transaction ID : SB29333**

Amount of Each Disbursement this Period

428.83
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ERIC ARMETTA**

Mailing Address 930 SPENCER AVE

City	State	Zip Code
CLEARWATER	FL	33756

Purpose of Disbursement  
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2016

**Transaction ID : SB29.I78634**

Amount of Each Disbursement this Period

1185.10
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Boulder Station Hotel**

Mailing Address 4111 Boulder Hwy

City	State	Zip Code
Las Vegas	NV	89122

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2016

**Transaction ID : SB29B111**

Amount of Each Disbursement this Period

269.88
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☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1185.10
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. El Cortez Hotel**

Mailing Address 600 E Fremont St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2016

**Transaction ID : SB29B333**

Amount of Each Disbursement this Period

226.22
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Palace Station Hotel**

Mailing Address 2411 W Sahara Ave

City	State	Zip Code
Las Vegas	NV	89102

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2016

**Transaction ID : SB29B222**

Amount of Each Disbursement this Period

319.12
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael JUND**

Mailing Address 3208 152nd Street

City	State	Zip Code
Urbandale	IA	50323

Purpose of Disbursement  
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2016

**Transaction ID : SB29.I78635**

Amount of Each Disbursement this Period

843.08
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

843.08
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Good News Construction and Painting**

Mailing Address 3208 152nd St

City	State	Zip Code
Urbandale	IA	50323

Purpose of Disbursement  
Construction and painting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2016

**Transaction ID : SB29B555**

Amount of Each Disbursement this Period

843.08
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADAM SULLIVAN**

Mailing Address 1819 Chelsea Ct

City	State	Zip Code
IOWA CITY	IA	52440

Purpose of Disbursement  
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2016

**Transaction ID : SB29.I78630**

Amount of Each Disbursement this Period

401.30
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADAM SULLIVAN**

Mailing Address 1819 Chelsea Ct

City	State	Zip Code
IOWA CITY	IA	52440

Purpose of Disbursement  
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

**Transaction ID : SB29.I78632**

Amount of Each Disbursement this Period

855.33
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1256.63
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Westin Lake Las Vegas Resort**

Mailing Address 101 Montelago Blvd

City	State	Zip Code
Henderson	NV	89011

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2016

**Transaction ID : SB28B00002**

Amount of Each Disbursement this Period

409.48
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADAM SULLIVAN**

Mailing Address 1819 Chelsea Ct

City	State	Zip Code
IOWA CITY	IA	52440

Purpose of Disbursement  
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

**Transaction ID : SB29.I78633**

Amount of Each Disbursement this Period

506.34
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Days Inn**

Mailing Address 5851 S Virginia St

City	State	Zip Code
Reno	NV	89502

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2016

**Transaction ID : SB28B00009**

Amount of Each Disbursement this Period

302.15
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☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

506.34
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. AIA SERVICES LLC**

Mailing Address 800 W WINNECONNE AVE

City  
NEENAHState  
WIZip Code  
54956Purpose of Disbursement  
CAREY DISBURSEMENT- MARKETING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2016

**Transaction ID : SB29.I78615**

Amount of Each Disbursement this Period

916.21
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DAGNY LLC**

Mailing Address 111 3RD ST NE

City  
WASHINGTON, DCState  
DCZip Code  
20002Purpose of Disbursement  
CAREY DISBURSEMENT- CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

**Transaction ID : SB29.I78616**

Amount of Each Disbursement this Period

8333.33
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DANNESKJOLD LCC**

Mailing Address 111 3RD ST NE

City  
WASHINGTON, DCState  
DCZip Code  
20002Purpose of Disbursement  
CAREY DISBURSEMENT- CONSULTING AND FUNDRAISING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

**Transaction ID : SB29.I78618**

Amount of Each Disbursement this Period

16666.67
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25916.21
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**Mailing Address 203 S UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY DISBURSEMENT- LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

**Transaction ID : SB29.I78619**

Amount of Each Disbursement this Period

2750.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DB CAPITOL STRATEGIES**Mailing Address 203 S UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY DISBURSEMENT- LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2016

**Transaction ID : SB29.I78620**

Amount of Each Disbursement this Period

2750.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DOTSQUARE, LLC**Mailing Address 3180 18TH ST  
#100

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
CAREY DISBURSEMENT- GEOCODE LOOKUPS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

**Transaction ID : SB29.I78621**

Amount of Each Disbursement this Period

750.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6250.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. TERRA ECLIPSE**Mailing Address 600 F ST NW  
STE 400

City WASHINGTON, DC State DC Zip Code 20004

Purpose of Disbursement  
CAREY DISBURSEMENT- TECHNOLOGY: DIGITAL STRATEGY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
01		05		2016

**Transaction ID : SB29.I78627**

Amount of Each Disbursement this Period

10000.00
----------

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
-------	---	-------	---	---------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
----------

63720.75
----------

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 OF 29

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Concerned American Voters

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Eric Armetta

Nature of Debt (Purpose):

Advance of funds for PAC expenses - reim

Mailing Address 930 Spencer Ave

City State

Zip Code

Clearwater

FL

33756

Outstanding Balance Beginning This Period

711.84

Transaction ID : SD101

Amount Incurred This Period

0.00

Payment This Period

711.84

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Adam Sullivan

Nature of Debt (Purpose):

Advance of funds for PAC expenses

Mailing Address 1819 Chelsea Ct

City State

Zip Code

Iowa City

IA

52240

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD102

Amount Incurred This Period

824.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

824.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

824.19

2) TOTALS This Period (last page this line number only)..... ►

824.19

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

824.19

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 20 OF 29  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>DOBIS, LLC</b>			<input type="checkbox"/> Memo Item	
Mailing Address 2603 Clear Cove			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City Austin		State TX	Zip Code 78704	Amount <span style="border:1px solid black; padding:2px;">20000.00</span>
Purpose of Expenditure Video Production		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : <b>SE24E001</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2016</span>
Name of Federal Candidate Rand Paul			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought			<span style="border:1px solid black; padding:2px;">174872.66</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>DOBIS, LLC</b>			<input type="checkbox"/> Memo Item	
Mailing Address 2603 Clear Cove			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City Austin		State TX	Zip Code 78704	Amount <span style="border:1px solid black; padding:2px;">20000.00</span>
Purpose of Expenditure Video Production		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : <b>SE24E001_B</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2016</span>
Name of Federal Candidate Rand Paul			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought			<span style="border:1px solid black; padding:2px;">390032.11</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....			<span style="border:1px solid black; padding:2px;">40000.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures.....			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Edward King</i>			Date <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2016</span> <i>[Electronically Filed]</i>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 21 OF 29  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <b>Harmon Brothers, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 26 / 2016		
Mailing Address 251 N University Ave			Amount <span style="border: 1px solid black; padding: 2px;">11000.00</span>		
City Provo		State UT	Zip Code 84601		Transaction ID : <b>SE5957</b>
Purpose of Expenditure Estimated prepaid ad budget		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 26 / 2016	
Name of Federal Candidate Rand Paul			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">175638.97</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>i360</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 06 / 2016		
Mailing Address PO Box 37046			Amount <span style="border: 1px solid black; padding: 2px;">1209.10</span>		
City Baltimore		State MD	Zip Code 21297		Transaction ID : <b>SE5948</b>
Purpose of Expenditure Predictive phone minutes		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 06 / 2016	
Name of Federal Candidate Rand Paul			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">175638.97</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">111209.10</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 27 / 2016		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 22 OF 29  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>			
Full Name of Payee <b>The Printing Express</b>		<input type="checkbox"/> Memo Item	
Mailing Address 21 Warehouse Rd		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 01 / 26 / 2016	
City Harrisonburg		State VA	Zip Code 22801
Purpose of Expenditure GOTV Mailer		Category/ Type	Amount 11206.95
		<span style="border:1px solid black; padding:2px;">004</span>	Transaction ID : SE5458
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		<span style="border:1px solid black; padding:2px;">175638.97</span>	
Full Name of Payee <b>The Printing Express</b>		<input type="checkbox"/> Memo Item	
Mailing Address 21 Warehouse Rd		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 01 / 27 / 2016	
City Harrisonburg		State VA	Zip Code 22801
Purpose of Expenditure GOTV Mailer		Category/ Type	Amount 12141.16
		<span style="border:1px solid black; padding:2px;">004</span>	Transaction ID : SE24E004_B
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		<span style="border:1px solid black; padding:2px;">175638.97</span>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">23348.11</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  Edward King		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 01 / 27 / 2016	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 23 OF 29  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00525899       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item <b>PDQ Printing, Inc.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 11 / 2016</div> </div>	
Mailing Address 3820 S Valley View Blvd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1964.90</div>	
City State Zip Code LAS VEGAS NV 89103	<b>Transaction ID : SE5852</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 11 / 2016</div> </div>		
Purpose of Expenditure Printing-door hangers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Rand Paul		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">390032.11</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Voter Contract Services, LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 28 / 2016</div> </div>	
Mailing Address 107 S. West St 501		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">213194.54</div>	
City State Zip Code Alexandria VA 22314	<b>Transaction ID : SE246374</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 28 / 2016</div> </div>		
Purpose of Expenditure Staffing and Services for Field Canvassers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Rand Paul		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">390032.11</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">215159.44</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

MM / DD / YYYY  
01 / 28 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 24 OF 29  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Pure HypnosisLLC</b>			<input type="checkbox"/> Memo Item	
Mailing Address <b>3290 Clairmont North NE</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">13</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City <b>Brookhaven</b>		State <b>GA</b>	Zip Code <b>30329</b>	Amount <span style="border:1px solid black; padding:2px;">4872.67</span>
Purpose of Expenditure <b>Video Production</b>		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	Transaction ID : <b>SE24E007</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">13</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Name of Federal Candidate <b>Rand Paul</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">175638.97</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>Harmon Brothers, LLC</b>			<input type="checkbox"/> Memo Item	
Mailing Address <b>251 N University Ave</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">26</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City <b>Provo</b>		State <b>UT</b>	Zip Code <b>84601</b>	Amount <span style="border:1px solid black; padding:2px;">120000.00</span>
Purpose of Expenditure <b>Estimated prepaid ad budget</b>		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	Transaction ID : <b>SE5960</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">26</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Name of Federal Candidate <b>Rand Paul</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">390032.11</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">124872.67</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Edward King</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">14</span> / <span style="border:1px solid black; padding:2px;">2016</span>



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 25 OF 29  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00525899       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Harmon Brothers, LLC</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  01 / 26 / 2016 </div>		
Mailing Address <b>251 N University Ave</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12000.00 </div>		
City State Zip Code Provo UT 84601		<b>Transaction ID : SE5962</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  01 / 26 / 2016 </div>			
Purpose of Expenditure Estimated prepaid ad budget		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Rand Paul	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">174872.66</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NH</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item <b>i360</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  01 / 06 / 2016 </div>		
Mailing Address <b>PO Box 37046</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2500.00 </div>		
City State Zip Code Baltimore MD 21297		<b>Transaction ID : SE5949</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  01 / 06 / 2016 </div>			
Purpose of Expenditure Voter file and contact tools		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Rand Paul	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">175638.97</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">122500.00</div>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 01 / 26 / 2016</div>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 26 OF 29  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>i360</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>01 / 06 / 2016</b>		
Mailing Address <b>PO Box 37046</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1209.09</div>		
City <b>Baltimore</b>		State <b>MD</b>	Zip Code <b>21297</b>		
Purpose of Expenditure <b>Predictive phone minutes</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Transaction ID : <b>SE5850</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>01 / 06 / 2016</b>	
Name of Federal Candidate <b>Rand Paul</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">175638.97</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>i360</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>01 / 06 / 2016</b>		
Mailing Address <b>PO Box 37046</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2500.00</div>		
City <b>Baltimore</b>		State <b>MD</b>	Zip Code <b>21297</b>		
Purpose of Expenditure <b>Voter file and contact tools</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Transaction ID : <b>SE5851</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>01 / 06 / 2016</b>	
Name of Federal Candidate <b>Rand Paul</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">175638.97</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3709.09</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="text-align: center; margin-top: 10px;"><i>Edward King</i></div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>01 / 25 / 2016</b>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 27 OF 29  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>Pure HypnosisLLC</b>		<input type="checkbox"/> Memo Item	
Mailing Address <b>3290 Clairmont North NE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 13 / 2016</b>	
City <b>Brookhaven</b>	State <b>GA</b>	Zip Code <b>30329</b>	Amount <b>4872.66</b>
Purpose of Expenditure <b>Video Production</b>		Category/Type <b>004</b>	Transaction ID : <b>SE24E007_B</b>
Name of Federal Candidate <b>Rand Paul</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>DOBIS, LLC</b>		<input type="checkbox"/> Memo Item	
Mailing Address <b>2603 Clear Cove</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 02 / 2016</b>	
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78704</b>	Amount <b>30000.00</b>
Purpose of Expenditure <b>Video Production</b>		Category/Type <b>004</b>	Transaction ID : <b>SE4321</b>
Name of Federal Candidate <b>Rand Paul</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>34872.66</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>Edward King</b>		Date MM / DD / YYYY <b>01 / 25 / 2016</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 28 OF 29  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>DOBIS, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2603 Clear Cove			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 01 / 04 / 2016		
City Austin		State TX	Zip Code 78704	Amount <span style="border:1px solid black; padding:2px;">30000.00</span>	
Purpose of Expenditure Video Production		Category/Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : <b>SE4321_B</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 01 / 05 / 2016	
Name of Federal Candidate Rand Paul			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">174872.66</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>DOBIS, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 2603 Clear Cove			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 01 / 04 / 2016		
City Austin		State TX	Zip Code 78704	Amount <span style="border:1px solid black; padding:2px;">30000.00</span>	
Purpose of Expenditure Video Production		Category/Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : <b>SE4321_B_B</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 01 / 05 / 2016	
Name of Federal Candidate Rand Paul			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">390032.11</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">60000.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
EDWARD KING Signature			[Electronically Filed]    Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 01 / 06 / 2016		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 29 OF 29  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00525899</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee <b>Pure HypnosisLLC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address <b>3290 Clairmont North NE</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
City <b>Brookhaven</b>		State <b>GA</b>	Zip Code <b>30329</b>		<b>Transaction ID : SE24E007_B1</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>
Purpose of Expenditure <b>Video Production</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>004</b></div>			
Name of Federal Candidate <b>Rand Paul</b>			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate			Office Sought: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">4872.67</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">740543.74</div></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature  <i>Edward King</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div></div></div>					